

Case Number:	CM15-0038836		
Date Assigned:	03/09/2015	Date of Injury:	10/26/2009
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on 10/26/2009. Currently she reports chronic and severe neck and right shoulder pain, improved on medication. The injured worker was diagnosed as having brachial neuritis or radiculitis, not otherwise specified. Treatment to date has included consultations; diagnostic laboratory and imaging studies; and medication management. The Utilization Review on 2/18/2015, modified, for medical necessity, the request, made on 12/23/2014, for Wellbutrin XL 300mg #30, with 5 refills to only 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Wellbutrin extended release 300 mg total #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Bupropion (Wellbutrin).

Decision rationale: Regarding the request for Wellbutrin, CA MTUS does not specifically address the use of Wellbutrin for depression. ODG cites that it is recommended as a first-line treatment option for major depressive disorder. Within the documentation available for review, the patient is said to have depression, but there is no indication that this medication has provided any significant functional improvement. Rather, it appears that the depression is worsening and the provider has recommended psychiatric evaluation for medication management, but the patient does not wish to see a psychiatrist at this time. Furthermore, as with any medication, there should be regular reevaluation for efficacy and continued need. A request for #30 with 5 refills is not conducive to regular reevaluation and, unfortunately, there is no provision for modification of the request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Wellbutrin is not medically necessary.